

# Ask

# SHIP



LOCAL HELP FOR PEOPLE WITH MEDICARE

**Q: I'm the picture of health and want to stay that way! Will Medicare cover any of my wellness checks?**

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A: People of all levels of health can't afford NOT to take care of themselves. The following are health screenings, exams, and other preventive measures that may be offered to you at no cost if you have Medicare. Some savings are new due to the Affordable Care Act.

### **One-time "Welcome to Medicare" Physical Exam**

Medicare covers a one-time preventive physical exam within the first 12 months that you have Medicare Part B. This exam includes a review of your medical and social history related to your health, and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed.

This exam is covered one time, and you must have the exam within the first 12 months you're enrolled in Part B. There is no cost to Medicare beneficiaries if your doctor accepts assignment.

### **Yearly "Wellness" Exam**

Beginning January 1, 2011, if you've had Part B for longer than 12 months, you can get a yearly wellness visit.

There is no cost to you if your doctor accepts assignment. This exam is available to beneficiaries once a year.

### **Cardiovascular Screening**

Once every five years, Medicare covers cardiovascular screenings to check your cholesterol and other blood fat (lipid) levels.

There is no cost to you if your doctor accepts assignment.

### **Breast Cancer Screening (Mammograms)**

Medicare covers screening mammograms and digital technologies to check for breast cancer.

Women age 40 and older are eligible for a screening mammogram every 12 months. Medicare also covers one baseline mammogram for women between ages 35 and 39.

Beginning January 1, 2011, there is no cost to you if your doctor accepts assignment.

### **Cervical and Vaginal Cancer Screening**

Beginning January 1, 2011, female Medicare beneficiaries pay nothing for Pap tests and pelvic exams to check for cervical and vaginal cancers if your doctor accepts assignment.

Medicare covers these screening tests once every 24 months, or once every 12 months for women at high risk, and for women of child-bearing age who have had an exam that indicated cancer or other abnormalities in the past three years.

### **Colorectal Cancer Screening**

Medicare covers colorectal screening tests to help find pre-cancerous polyps (growths in the colon).

All Medicare beneficiaries age 50 and older are eligible for the following tests at no charge along the following timelines:

- Fecal Occult Blood Test—Once every 12 months.
- Flexible Sigmoidoscopy—Once every 48 months after the last flexible sigmoidoscopy or barium

enema; or 120 months after a previous screening colonoscopy.

- Screening Colonoscopy—Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy.
- Barium Enema—Once every 48 months (high risk every 24 months) when used instead of sigmoidoscopy or colonoscopy.

### **Prostate Cancer Screening**

Prostate cancer may be found by testing the amount of PSA (Prostate Specific Antigen) in your blood. Another way prostate cancer may be found is when your doctor performs a digital rectal exam.

All men with Medicare over age 50 are eligible for the following tests along the following timelines at no cost to you if you have Original Medicare:

- Digital Rectal Examination—Once every 12 months
- PSA Test—Once every 12 months

### **Shots (Flu, Pneumococcal, Hepatitis B, Tetanus, Shingles)**

All people with Medicare are allowed the flu shot once per flu season, in the fall or winter.

Most people only need the Pneumococcal (pneumonia) shot once in their lifetime. You pay nothing if your doctor or health care provider accepts assignment.

People with Medicare who are at medium or high risk for Hepatitis B pay nothing for the three shot series if their doctor or health care provider accepts assignment.

Some other vaccines may be covered when they're directly related to the treatment of an injury or illness (such as a tetanus shot after stepping on a nail).

The shingles vaccine is covered by Medicare Part D drug plans. You should contact your drug plan for more information regarding the co-pay.

### **Bone Mass Measurements**

Medicare covers bone mass measurements to see if you're at risk for broken bones. Bone Mass Measurements are covered if medically necessary for certain people with Medicare whose doctors say they are at risk for osteoporosis.

Beginning January 1, 2011, you pay nothing for Bone Mass Measurement tests if your doctor accepts assignment once every 24 months (more often if medically necessary).

### **Diabetes Screening (Fasting Blood Glucose Test)**

Based on the results of your screening tests, you may be eligible for up to two diabetes screenings per year.

### **Diabetes glucose monitors, test strips, and lancets**

All people with Medicare who have diabetes are available to have their costs covered. You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

### **Other Preventative Services**

Other preventive care measures that may be fully or partially covered by Medicare include:

- Diabetes Self-Management Training
- Medical Nutrition Therapy
- Glaucoma Tests
- Tobacco Use Cessation Counseling
- HIV Screening

If you would like further assistance regarding your Medicare benefits and coverage, call SHIP for help at 1-800-452-4800, TTY 1-866-846-0139 or online at [www.medicare.in.gov](http://www.medicare.in.gov).